MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04922

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown - Rural
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Milton (Last) Anders

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 27, 1882

9. AGE last birthday: 70 yrs. If UNDER 1 YEAR: Months Days; If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Alfred Anders

14. MOTHER'S MAIDEN NAME: Mary Jane Heck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-09-8122

17. INFORMANT & ADDRESS: Mrs Emma Anders, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) Organic Valvular Heart Disease — Interval Between Onset And Death: 4 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Enlargement of Heart, Leakage of all Valves — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27th, 1952., to May 9th, 1953., that I last saw the deceased alive on May 3rd, 1953., and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. Bennett M.D. ADDRESS Taneytown Maryland DATE SIGNED May 11th 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/12/53 | NAME OF CEMETERY OR CREMATORY Keysville Cemetery | LOCATION (City, town, or county) (State) Keysville Carroll Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 11, 1953 | REGISTRAR'S SIGNATURE Ethel M Mehring Local | 24. FUNERAL DIRECTOR ADDRESS C. O. Fuss & Son Taneytown, Md.

RECEIVED
MAY 13 1953
BUREAU V. S.

04923

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastview
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hale Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 308 E. Green

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) BARNHART

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 29-1879
9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pet. Farmer. Tenant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Barnhart Jr.
14. MOTHER'S MAIDEN NAME: Mary Stephan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-1268
17. INFORMANT & ADDRESS: Roy R. Barnhart 308 E. Green, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis. Chronic decompensating	2 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	unknown
DUE TO		
	(c) Arteriosclerosis	"

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-53, to 5-10, 1953, that I last saw the deceased alive on 5-9, 1952, and that death occurred at 6 45 A.m., from the causes and on the date stated above.

SIGNATURE James G. Saffell M.D. (DEGREE OR TITLE) ADDRESS Reisterstown Md DATE SIGNED 5-11-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 12-1953
NAME OF CEMETERY OR CREMATORY Kidden Lutheran Cemetery
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 5/12/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. Bankard & Son Westminster, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10 T

1

RECEIVED
MAY 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04924 56

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Carroll Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; LENGTH OF STAY (in this place) 4 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown 03 X; STREET ADDRESS (If rural, give location) 707 E. Main St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Bernard (Last) Brooks

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10-27-1886

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Paint

11. BIRTHPLACE (State or foreign country): Baltimore County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar S. Brooks

14. MOTHER'S MAIDEN NAME: Barbara E. Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Virginia C. Brooks - 707 E. Main St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X Immediate cause (a) Cerebral Apoplexy (Hemoplegia) — Interval between onset and death: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis with Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15 1953, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 1.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maxwell Sugerman, M.D. ADDRESS Timber Grove Road - Owings Mills, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-19-53 — NAME OF CEMETERY OR CREMATORY: Orwild Ridge — LOCATION (City, town, or county) (State): Pikesville, Md

DATE REC'D BY LOCAL REG.: 5-18-53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR ADDRESS: Frank A. Newell - Pikesville, Md.

L. F. Woodward - emc

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RECEIVED
MAY 19 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04925

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKMONT 15 X
STREET ADDRESS (If rural give location) 6032 Ridge Drive

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) C. (Last) BURCHELL

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10-12-98

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES F. SWEET

14. MOTHER'S MAIDEN NAME: ELLEN V. HOEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause (a) Atrophy and pyonephrosis of right kidney — Interval Between Onset And Death: Not known

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome associated with convulsive disorder, with psychotic reaction, Symptomatic Porencephaly

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1953, to May 14, 1953, that I last saw the deceased alive on May 14, 1953 and that death occurred at 6 p.m. DST from the causes and on the date stated above.

SIGNATURE (Degree or Title) Walter H. Sonnenfeldt, M.D. — ADDRESS — DATE SIGNED 5-15-53

Walther H. Sonnenfeldt, M. D. Springfield State Hospital, Sykesville, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 5-15-1953 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, Town or county) Washington — (State) D.C.

DATE REC'D BY LOCAL REGISTRAR May 15, 1953 — REGISTRAR'S SIGNATURE C. Henry Weer

24. FUNERAL DIRECTOR P. J. Joffee — ADDRESS 495 H St. N.W. Washington, D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04926

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) MARYLAND 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 0001
STREET ADDRESS (If rural give location) 1950 Sponson Street

3. NAME OF DECEASED: (Type or Print) (First) Vivian (Middle) Warner (Last) Caskey

4. DATE OF DEATH: (Month) May (Day) 3, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 5, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Caskey

14. MOTHER'S MAIDEN NAME: Mary Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary thrombosis — weeks

DUE TO

(c) Pulmonary tuberculosis — 24 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with convulsive disorder, epileptic deterioration — years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1953, to 5-3-, 1953, that I last saw the deceased alive on 5-3-, 1953, and that death occurred at 10.20a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Hitchman, M.D. ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 5-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-6-53 NAME OF CEMETERY OR CREMATORY Western Cem LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR May 4, 1953 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR John F. Kenny, Jr. ADDRESS Light & Montgomery Sts.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1927

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN --- Hagerstown
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) CLIPP

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: 4-1-77

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: - None

11. BIRTHPLACE (State or foreign country): ? Unk -

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas CLIPP

14. MOTHER'S MAIDEN NAME: Elizabeth HUPMEISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: a few minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertendive cardio-vascular disease — 18 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency — 30 yrs.

19a. DATE OF OPERATION: - | 19b. MAJOR FINDINGS OF OPERATION: - | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - | (CITY OR TOWN) (COUNTY) (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) - m. | INJURY OCCURED While at Work ☐ - Not While At Work ☐ | HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 1-1-53, 19 ..., to May 27, 19 53, that I last saw the deceased alive on May 27 19 53, and that death occurred at 1.30 p.m., from the causes and on the date stated above.

SIGNATURE Florian Nadolski, M.D. (Degree or title) ADDRESS Springfield St. Hosp. Sykesville, Md. DATE SIGNED 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/30/53 | NAME OF CEMETERY OR CREMATORY Wearmerton Cemetery | LOCATION (City, town, or county) (State) Wearerton, Md.

DATE REC'D BY LOCAL REGISTRAR June 3, 1953 | REGISTRAR'S SIGNATURE C. Henry Weer

24. FUNERAL DIRECTOR Fred W. Warner Hagerstown Md. | ADDRESS

VS. A16 1

RECEIVED
JUN 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1028

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Littlestown - Pa. — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 - N Bloom's Corner -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Littlestown Pa.
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Crabbs
4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 27-1953
9. AGE last birthday: Newborn yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. 10 m
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.a.
13. FATHER'S NAME: Earle David Crabbs
14. MOTHER'S MAIDEN NAME: Jean Redding
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Earl D. Crabbs. R1. Littlestown Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from umbilical cord — 10 min

Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Littlestown | (COUNTY) (Carroll Co. Md) | (STATE) Pa.
TIME OF INJURY (Month) May (Day) 27 (Year) 1953 (Hour) 7:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Baby was born at birth -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James T Marsh - Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED May 27-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/28/53 | NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery | LOCATION (City, town, or county) (State) Littlestown, Adams Co., Pa.

DATE RECD BY LOCAL REG. 5/28/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR ADDRESS J. M. Little & Son Littlestown, Pa.
Per R. A. Little

2053242407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]929

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 616 Maryland Ave

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Ella (Last) Craig
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Apr 26 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 1 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawson Pryor
14. MOTHER'S MAIDEN NAME: Harriet Cullars

15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: Mr Violet Bennet Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death 1 yr
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Genl Arterio Sclerosis — 10 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 4, 1950, to May 19, 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at 5-30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) M Master Md ADDRESS Sykesville Md DATE SIGNED May 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 21, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR May 20, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS 305 N. Potomac Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01930

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manchester
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fryrier Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Airy Rural #5
STREET ADDRESS (If rural give location) Poplar Springs

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) B. (Last) Craver

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1880
9. AGE last birthday: 73 (s.) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin H. Hayes
14. MOTHER'S MAIDEN NAME: Caroline V. Shelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Bessie H Cashell 4407 Wentworth Rd Balto. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1
(a) Arteriosclerotic Gangrene Rt leg. DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic Cardio Vascular Disease DUE TO
(c)

Interval Between Onset And Death: 3 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from February 16, 1953, to May 23, 1953 that I last saw the deceased alive on May 22, 1953 and that death occurred at 5:20 PM from the causes and on the date stated above.

SIGNATURE Joseph E Bush (Degree or title) MD
ADDRESS Hampstead Md
DATE SIGNED May 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 26, 1953
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR: May 25/53
REGISTRAR'S SIGNATURE: Myo. W.P.S. Denner
24. FUNERAL DIRECTOR: Olin L. Molesworth, Damascus, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (8) 1931

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Union
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt Union, Keymar R#1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Margaret (Last) Davis
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 21, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Crouse
14. MOTHER'S MAIDEN NAME: Louisa Harman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs David Miller, Keymar Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0

Immediate cause (a) Arterio-Scleresis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6- 1953, to 5-18- 19..., that I last saw the deceased alive on 5-13-, 1953, and that death occurred at 1.20 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Legg M.D. ADDRESS Union Bridge Md. DATE SIGNED 5-20-53

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF 5/21/53
NAME OF CEMETERY OR CREMATORY Mt. Union Cemetery
LOCATION (City, town, or county) (State) Keymar R#1, Maryland

DATE REC'D BY LOCAL REGISTRAR May 21, 1953
REGISTRAR'S SIGNATURE Ethel M Mehring Local
24. FUNERAL DIRECTOR C. O. Fuss & Son Taneytown, Md. ADDRESS

Luke L. Repp, Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - SNYDERSBURG
LENGTH OF STAY (in this place) 4 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - SNYDERSBURG
STREET ADDRESS (If rural, give location) ROUTE #4, WESTMINSTER

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) VITUS (Last) DICKE SR.
4. DATE OF DEATH (Month) MAY (Day) 29 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Apr. 15-1891
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH
10b. KIND OF BUSINESS OR INDUSTRY IRON & STEEL
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FRANCIS VITUS DICKE
14. MOTHER'S MAIDEN NAME Dorothy Michael
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Mary Dicke - 8419 greenway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause (a)	CORONARY OCCLUSION	5 MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	ESSENTIAL HYPERTENSION	8 YRS
(c)	CORONARY SCLEROSIS & CORONARY INSUFFICIENCY	3 YRS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from NOV., 1952, to 5/29, 1953, that I last saw the deceased alive on 5/28, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE William Lewis [illegible], M.D. (Degree or title)
ADDRESS 59 WESTMORELAND ST. WESTMINSTER MD.
DATE SIGNED 5/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-2-1953
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Balto Md
DATE REC'D BY LOCAL REG. 6/1/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS 5305 Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

Item 18 Film B154 5-25-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: 06 X
STATE ~~Maryland~~ unknown COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wnk -
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) (Last) FISHER
4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953
5. SEX: fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: 10-17-96
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waitress
10b. KIND OF BUSINESS OR INDUSTRY: Wnk -
11. BIRTHPLACE (State or foreign country): Levels, W.Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob D. FISHER
14. MOTHER'S MAIDEN NAME: Minnie May WINFIELD
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - no (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: Wnk -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

172X

Immediate cause (a) Neoplastic metastatic Disease — Interval Between Onset And Death: longer than 3 mths.

DUE TO Primary: Carcinoma of the body of the uterus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Systemic Syphilis, arrested — 19 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 19 yrs.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) (STATE)
TIME OF INJURY (Month) - (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 9-15 1950 to May 9, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 3,20 A M., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 5/9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5/12/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Bath City (State) Md

DATE REC'D BY LOCAL REGISTRAR May 12, 1953
REGISTRAR'S SIGNATURE C. Harry Wier
24. FUNERAL DIRECTOR Frances A Hemsley 578 N Biddle St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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MAY 14 19

Item 9 FilmG154 6/3/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Madison

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 56 Madison

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) WILLIAM (Last) GREENHOLTZ

4. DATE OF DEATH: (Month) MAY (Day) 25 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 25, 1881
9. AGE last birthday: ~~61~~ 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Congoleum Nairn Cedarhurst, Md.
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel A. Grunholtz
14. MOTHER'S MAIDEN NAME: Emma Rickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-08-3851
17. INFORMANT & ADDRESS: Mollie Grunholtz 56 Madison St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 331X	(a) Cerebral Hemorrhage	Last one 10 days
DUE TO		
Antecedent cause(s), Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Vascular disease (arteriosclerosis)	5 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1940, to May 25, 1953 that I last saw the deceased alive on May 25, 1953, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE T. L. Billingslea (DEGREE OR TITLE) M.D. ADDRESS Westminster, Md. DATE SIGNED 5-27-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 28, 1953
NAME OF CEMETERY OR CREMATORY Meadowbranch Cemetery
LOCATION (City, town, or county) Westminster, (State) Md.

DATE REC'D BY LOCAL REG. 5/27/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H. Bankard Roy Westminster, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

RECEIVED
MAY 29 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]35

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville
MARYLAND
LENGTH OF STAY (in this place): 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md.
STREET ADDRESS (If rural, give location): 641 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) Eddie (Middle) (Last) GURLEY

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1953

5. SEX: fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 1884

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: -Home

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: J.T. GURLEY

14. MOTHER'S MAIDEN NAME: Emma BROTEMERKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: 11 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — more than 28 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 42 yrs

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY -

(CITY OR TOWN) -

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. -

INJURY OCCURRED While at work ☐ Not while at work ☐ -

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 800 a.m. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Florian Nadrecki M.D. Springfield St. Hosp. Sykesville Md. 5/30/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-2-53	Rose Hill	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR (ADDRESS)
May 31, 1953	C. Harry Klee	Kight Funeral Home - Cumberland, Md.

RECEIVED
UN 3 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1936

Reg. Dist. No. 10

1. PLACE OF DEATH
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FERN (Middle) R (Last) HITCHCOCK

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-20-96

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward - American Legion Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: D. A. Hitchcock

14. MOTHER'S MAIDEN NAME: Alice Mather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 213-01-3144

17. INFORMANT AND ADDRESS: Mrs. Lena Hitchcock Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 4 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ..... 19..., and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh — (Degree or title): Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: 5/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/13/53 — NAME OF CEMETERY OR CREMATORY: Reformed Cemetery — LOCATION (City, town, or county): Taneytown — (State): Maryland

DATE REC'D BY LOCAL REG.: May 11, 1953 — REGISTRAR'S SIGNATURE: Ethel M Mehring Local

24. FUNERAL DIRECTOR: C. O. Fuss & Son — ADDRESS: Taneytown, Md.

CEIVED
AY 13 1953
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04937

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampstead
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampstead
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALVERTA - M - HOFFMAN

4. DATE OF DEATH: (Month) (Day) (Year) May 14 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug 5 - 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Hk.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hoover
14. MOTHER'S MAIDEN NAME: Susanna Bollinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Grace Myers, Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) DUE TO Cerebral Arteriosclerosis 15

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1944, to May, 14, 1953, that I last saw the deceased alive on 5.13, 1953 and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice C. Portnoff, M.D.
ADDRESS Hampstead Md
DATE SIGNED 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 17/53
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) Bulto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/15/53
REGISTRAR'S SIGNATURE Henry J Kerns
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]38

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

1. PLACE OF DEATH:

COUNTY: CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE

LENGTH OF STAY (in this place): 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE

STREET ADDRESS (If rural give location): 3204 Gibbons Avenue

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) HERMAN (Last) HUSSMAN

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 1-7-79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HERMAN HUSSMAN

14. MOTHER'S MAIDEN NAME: MARY WERNSING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk -

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: days

DUE TO

Antecedent causes (b) Arteriosclerosis — years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...cerebral arteriosclerosis, with psychotic reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1953 to May 18, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 10:30 a.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irene L. Hitchman, M.D. Springfield State Hospital, Sykesville, Maryland 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-21-53

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR: May 18, 1953

REGISTRAR'S SIGNATURE: C. Harry Klew

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Buck - 5305 Harford Rd.

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1939

CERTIFICATE OF DEATH

BC. Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 2/6/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 20 N. Eden

3. NAME OF DECEASED: (Type or Print) (First) Absalom (Middle) McQuarry (Last) HYDE

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: 12/28/66

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months —, Days — — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Cemetery attendant

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Leavenworth, Kansas

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Absalom Hyde

14. MOTHER'S MAIDEN NAME: Mary Bush

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) **Pneumonia** — 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) **Cerebral hemorrhage** — 2 days

DUE TO (c) **Arteriosclerosis** — more than 15 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Senile psychosis, paranoid type** - more than 15 months

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Apr. 9, 1952, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross M. D. — (Degree or title) M. D. — ADDRESS: Sykesville, Md. — DATE SIGNED: 5/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/1/53 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/1/53 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Wm. J. Pickerel & Sons — ADDRESS: Sykesville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (13411)

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Manchester — LENGTH OF STAY (In this place) 5 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY York.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) 311 Broadway.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Annie	Kate	Jenkins	May	31	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Nov. 25 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	York Co Penna	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Jenny	Louisa Oechelberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No No	None	Miss Helen Jenny 311 Broadway Hanover Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

161X
Immediate cause (a) Primary Carcinoma of Lung
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 24, 19 53, to May 31, 19 53, that I last saw the deceased alive on May 30, 19 53, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE Joseph E. Rudy M.D. (DEGREE OR TITLE) ADDRESS Hampstead Md DATE SIGNED 6/31/1953

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or County) (State)
Burial	6/3/1953	Mt Olivet	Hanover Pa York Pa May 31, 1953

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 1-53	Mrs. M. L. Berman	H. C. Heiser & Sons	Inc

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04941

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 4-8-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 24
STREET ADDRESS (If rural give location) 600 S. Lakewood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Kafka
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 12-1-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? not known

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 0 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — over 3 years

DUE TO (c) Diabetes — over 3 years

(2x)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — known for 1 yr. Pulmonary tuberculosis — known for 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8-, 1952 to 5-8-, 1953, that I last saw the deceased alive on 5-8-, 1953, and that death occurred at 10 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H. Sonnenfeldt M.D. ADDRESS Springfield State Hosp. Sykesville Md. DATE SIGNED 5/8/53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5-12-1953
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
LOCATION (City, town, or county) (State) BALTIMORE 6, MD.
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR FR. CVACH & SON ADDRESS 900 N. CHESTER ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgeville Md
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) R (Last) KING

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar 6 1864

9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rufus W Waters

14. MOTHER'S MAIDEN NAME: Mary A Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mary J Windsor Ridgeville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 15 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1951, to May 1, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: James P. Kerr (Degree or title) M.D. ADDRESS: Damascus, Md. DATE SIGNED: 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 4, 1953 | NAME OF CEMETERY OR CREMATORY: Mountain View | LOCATION (City, town, or county) (State): Parsons Md

DATE REC'D BY LOCAL REG.: May 6-1953 | REGISTRAR'S SIGNATURE: Thos D Snyder | 24. FUNERAL DIRECTOR: Roy W Barber | ADDRESS: Eldorado Md

VS. A-15

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01943

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 yr. 29 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GAITHERSBURG
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) KLIMM

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-10-83
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unk
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE KLIMM
14. MOTHER'S MAIDEN NAME: MARY SEIFERT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Cerebral Vascular Accident — Interval Between Onset And Death: instantly

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardio-vascular disease — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS....with senile brain disease, with psychotic reaction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1952, to May 20, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 8 p.m. DST, from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman, M.D. (Degree or title) ADDRESS DATE SIGNED
Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Maryland 5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-24-53
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) (State) Glenwood, Howard, Md.
DATE REC'D BY LOCAL REGISTRAR May 23, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight Sykesville, Md. ADDRESS
Arthur H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1941

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead, (Rural) LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) J. (Last) LEISTER

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Nov 12-1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Leister

14. MOTHER'S MAIDEN NAME: Mary Trine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-34-4882

17. INFORMANT'S ADDRESS: Paula Davidson - Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: 5-1-53 ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 53 to 5-11- 19 53, that I last saw the deceased alive on 5-10- 19 53, and that death occurred at 8:10 PM, from the causes and on the date stated above.

SIGNATURE W. C. Jennette (Degree or title) M.D. ADDRESS Westminster Md. DATE SIGNED 5-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 14/53 NAME OF CEMETERY OR CREMATORY Wesley LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/14/53 REGISTRAR'S SIGNATURE Henry J. Reese

24. FUNERAL DIRECTOR Edw A Tipton ADDRESS Hampstead Md

VS. A15

RECEIVED
MAY 15 1953
BUREAU V. S.

MC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville 32 yrs
LENGTH OF STAY (in this place) 32yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Rosedale Terrace

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Levy
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 24 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME: James Levy
14. MOTHER'S MAIDEN NAME: Geris—— Maiden name

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Thomas Levy Brother and self.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
473X Immediate cause	(a)	Cardiac failure	6 hrs
	DUE TO		
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	Pneumonia and old age	50 days
	DUE TO		
	(c)	Mental deficiency	lifetime

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26 1953, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 4:10 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D.
ADDRESS Sykesville, Md.
DATE SIGNED May 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-19-1953
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore 6, Md.
DATE REC'D BY LOCAL REGISTRAR 5-18-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Fr. Evach & Son
ADDRESS 900 N. Chester St. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Co Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville Rural
STREET ADDRESS (If rural, give location) nr Marriottsville

3. NAME OF DECEASED (Type or Print) (First) Henrick (Middle) (Last) Limberman

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1953

5. SEX Md

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sg

8. DATE OF BIRTH ?

9. AGE last birthday 71 yrs. If under 1 year Months ? Days ? If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manual labor

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (State or foreign country) German

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Co Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease — years (1)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION X

19b. MAJOR FINDINGS OF OPERATION X

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) X

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) X (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 2-11, 1953, to 5-27, 1953 that I last saw the deceased alive on 5-27, 1953, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Stone MD — ADDRESS Westminster — DATE SIGNED 5-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5-29-53 — NAME OF CEMETERY OR CREMATORY Co Home lot — LOCATION (City, town, or county) Westminster (State)

DATE REC'D BY LOCAL REG. 5/28/53 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Harry Weir — ADDRESS Sykesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04947

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): Unk-
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) Eleanora (Middle) .. (Last) Maisack

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-16-1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: -- Home

11. BIRTHPLACE (State or foreign country): Washington County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob S. Maisack

14. MOTHER'S MAIDEN NAME: Lydia E. Schwinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: Unk-

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Bronchopneumonia	1 week
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Chronic myocarditis	15 years
DUE TO		
(c)	Epilepsy	50 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE) ---
TIME OF INJURY (Month) (Day) (Year) (Hour) ------ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 8-13-1941, to 5-11-1953, that I last saw the deceased alive on 5-11-, 1953, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): M. N. Martin, M.D. — ADDRESS: Springfield State Hosp. Sykesville, Md. — DATE SIGNED: 5-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 5-15-53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem — LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR: May 12, 1953 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: F. K. Coffman Hagerstown Md.

RECEIVED
MAY 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Methodist Episcopal Finksburg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location) Westminster Pike

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) H. (Last) MATTHEISS Sr.
4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White	Widowed	Sept. 5, 1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer Mechanic	Self employed	Maryland	

13. FATHER'S NAME: William Mattheiss
14. MOTHER'S MAIDEN NAME: Augusta Kuehn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Rev. T. H. Mattheiss, Jr.-Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Angina Pectoris	8 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Congestive Heart Failure	1 yr.
(c)	Arteriosclerotic Hypertensive C-V. Disease	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None		None

22. I hereby certify that I attended the deceased from 10-8, 1951, to 5-21, 1953, that I last saw the deceased alive on 5-19, 1953, and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	M.D.	Reisterstown, Md.	5-21-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/25/53	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/53	L. M. Hedrick	Wm. J. Pickner & Sons	Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ...949

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 8407 16th Street

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) LENORE (Last) MILLER
4. DATE OF DEATH: (Month) MAY (Day) 31 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-14-99
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Unk-
14. MOTHER'S MAIDEN NAME: ANNA O'NEILL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk- (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unk-
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
331X Immediate cause	(a) INTRA CRANIAL HEMORRHAGE	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) POSSIBLY RUPTURED CEREBRAL ARTERY ANEURYSM	2 days
	DUE TO (c) HYPERTENSION	Indefinite

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...alcoholic intoxication, with psychotic reaction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 19 53, to May 31, 19 53, that I last saw the deceased alive on May 31, 19 53, and that death occurred at 7:35 p.m. DST, from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross, M.D. (Degree or title) ADDRESS Gertrude M. Gross, M. D. Springfield State Hospital, Sykesville, Maryland DATE SIGNED 6-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 4, 1953
NAME OF CEMETERY OR CREMATORY Arlington Mt. Cem.
LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REGISTRAR May 31, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Warner E. Pumphrey Inc.
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1953
BUREAU V. S.

04950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (in this place) 1wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) WILLIAM (Last) MUELLER

4. DATE OF DEATH (Month) MAY (Day) 29, (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 4-22-1878
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wool Buyer (retired)
10b. KIND OF BUSINESS OR INDUSTRY Forstmann Co.
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Theodore Mueller
14. MOTHER'S MAIDEN NAME Pauline Obermuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Edward C. Mueller, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Cardio-Vascular — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1953, to 5/29, 1953, that I last saw the deceased alive on 5/28, 1953, and that death occurred at 12:16 A.m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) M.D. ADDRESS Mt Airy - Md DATE SIGNED 5/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 6-1-1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. May 31, 1953
REGISTRAR'S SIGNATURE Edna M. Hewitt
24. FUNERAL DIRECTOR C.M. Waltz, Winfield, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 2 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 951

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 12 East Lee Street

3. NAME OF DECEASED: (Type or Print) (First) IVY (Middle) CORELICE (Last) MYERS
4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: 6-13-71
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Unk-
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk-
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: Hours

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — years

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS....cerebral arteriosclerosis, with psychotic reaction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1953, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 1:15 a.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or Title) Irene L. Hitchman, M.D. ADDRESS Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Md. DATE SIGNED 5-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 7, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR May 5, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Fred W. Kraus ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 S. MAIN

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md
STREET ADDRESS (If rural, give location) 222 South Main St

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Myrl (Last) Naylor

4. DATE OF DEATH: (Month) MAY (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: MARCH 16, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. Buell
14. MOTHER'S MAIDEN NAME: Estella Meade Cullison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 212-28-2360
17. INFORMANT & ADDRESS: Mrs Doris Long. Hampstead Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Chronic Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH ?

Antecedent cause(s) DUE TO (b) Hypertension Cardio Renal Vascular disease ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Atrophy of Liver. ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1948, to May 12, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (DEGREE OR TITLE) Md ADDRESS Hampstead Md DATE SIGNED 5/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 15/53
NAME OF CEMETERY OR CREMATORY Mr Zion
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 5/12/53
REGISTRAR'S SIGNATURE Henry J. Ellis
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md ADDRESS

VS. A16 T

MAY 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]53

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westminster
LENGTH OF STAY (in this place) 5 1 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Carroll St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 50 Carroll

3. NAME OF DECEASED: (First) JESSE (Middle) ELMER (Last) ROYER

4. DATE OF DEATH: (Month) MAY (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 14, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturing Man

10b. KIND OF BUSINESS OR INDUSTRY: Mid Packing Plant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas P. Royer

14. MOTHER'S MAIDEN NAME: Mary Law

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-01-0438

17. INFORMANT & ADDRESS: Luvir Royer Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary occlusion — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary thrombosis — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Sudden; (b) 6 M 0 S

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 49, to May 22 19 53 that I last saw the deceased alive on April 20, 1953, and that death occurred at 1 A.M. P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. (DEGREE OR TITLE) ADDRESS Westminster Md. DATE SIGNED 5/24/53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF May 25, 1953 — NAME OF CEMETERY OR CREMATORY Meadow Branch Cem. — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 5/24/53 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Bankard & Son — ADDRESS Westminster, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]954

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Westminster
LENGTH OF STAY (in this place): 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 Bond St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 9 Bond

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) HENRY (Last) RYLAND

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	Aug. 29-1870	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY: W. Md. Rwy.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Ryland
14. MOTHER'S MAIDEN NAME: Lydia Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Orville Earhart 71 Bond, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
611X Immediate cause	(a) UREMIA	5 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) URINARY RETENTION	SEV YRS
DUE TO		
	(c) CHRONIC PROSTATITIS	SEV YRS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
X	X	No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No	X	X	

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
X	X	X

22. I hereby certify that I attended the deceased from March 3 1953, to May 3 1953 that I last saw the deceased alive on May 3, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. C. Stone M.D. ADDRESS 13 E. Green St. Westminster Md. DATE SIGNED 5-4-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 5-1953	Silversun Cemetery	Silversun Md.

DATE RECD. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/6/53	H Bankard	H Bankard & Son	Westminster, Md.

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01955

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dean (Middle) (Last) Sellers
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: 1
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Jan 18-1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 4 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? Scotland

13. FATHER'S NAME: William Sellars
14. MOTHER'S MAIDEN NAME: Agnes McEwan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wm J Sauyer Wilson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Occlusion — 1 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Gen'l Arterio Sclerosis — 10 yrs

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1945, to May 19, 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE M M Master (Degree or title) Md
ADDRESS Sykesville
DATE SIGNED May 19 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-20-53
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 5-20-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Frank H. Newell
ADDRESS Pikesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL
STATE: MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE
STREET ADDRESS (If rural give location): 601 Cathedral Street

3. NAME OF DECEASED: (Type or Print) (First) ANN (Middle) ESLEY (Last) SHERIDAN

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-7-01

9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Billing Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Unk-

11. BIRTHPLACE (State or foreign country): Harford County, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM SHERIDAN

14. MOTHER'S MAIDEN NAME: KATHERINE ESLEY

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Unk-
(If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: Unk-

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

58/1

Immediate cause (a) Epileptic Status — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Infarct of superior right temporal convolution — weeks

DUE TO

(c) Cirrhosis of liver

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS associated with intoxication, alcohol, with psychotic reaction, Epilepsy — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 19 53, to May 19, 19 53 that I last saw the deceased alive on May 16, 19 53, and that death occurred at 9:55 a.m. DST, from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman, M.D.

ADDRESS Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Maryland

DATE SIGNED 5-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 22/53

NAME OF CEMETERY OR CREMATORY: Trinity Cemetery

LOCATION (City, town, or county) (State): Churchville Md

DATE REC'D BY LOCAL REGISTRAR: May 20, 1953

REGISTRAR'S SIGNATURE: C. Harry Weir

24. FUNERAL DIRECTOR: Joseph T Foster

ADDRESS: Bel Air Md

VS. A15

RECEIVED
MAY 22 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0'957

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 3 mo. 2 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 5410 Morello Road

3. NAME OF DECEASED: (Type or Print) (First) EMORY (Middle) CLAYTON (Last) SHIPLEY, SR.

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH? 1-25-69

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): Texas Balto Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENNETT SHIPLEY

14. MOTHER'S MAIDEN NAME: CHARLOTTE ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: Unk-

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Years

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...WITH SENILE BRAIN DISEASE WITH PSYCHOTIC REACTION

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to May 14, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 1 a.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Hitchman, M.D. ADDRESS Springfield State Hospital, Sykesville, Maryland DATE SIGNED 5-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 18-1953 — NAME OF CEMETERY OR CREMATORY Oakland Presbyterian — LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR May 14, 1953 — REGISTRAR'S SIGNATURE C. Henry Lucas — 24. FUNERAL DIRECTOR Howard J. Ruck — ADDRESS 5305 Harford Rd.

VS. A15

RECEIVED
MAY 15 1953
BUREAU V. S

COUNTY changed by Tickner; phone call 6-3-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
STREET ADDRESS Liberty Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) (Last) STEGMAN

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1953

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH [illegible] 1885 | 9. AGE last birthday 68 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY U S G
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Stegman
14. MOTHER'S MAIDEN NAME Caroline Roehmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible] Sykesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
461X Immediate cause	(a) Acute Anemia	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemorrhoids, bleeding	6 months
	(c) Cardiac failure	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 1953, to 5/27, 1953, that I last saw the deceased alive on 5/27, 1953, and that death occurred at 8 00 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Hentzen (Degree or title) M.D. ADDRESS Sykesville, Md DATE SIGNED 5/27/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/30/53 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 5/28/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] Tickner & Sons ADDRESS Eldersburg, Md.

+1 +2 J.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0 1959

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) V (Last) Utz

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 3-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: David Utz
14. MOTHER'S MAIDEN NAME: Angeline Bumblitz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Roland Utz - Glen Rock Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death 12 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular disease ?
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 14, 1953, to May 14, 1953, that I last saw the deceased alive on May 14, 1953 and that death occurred at 3:10 P.M. from the causes and on the date stated above.

SIGNATURE Joseph E Bush (Degree or title) MD ADDRESS Hampstead Md DATE SIGNED May 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 18/53
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Carroll Co (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/15/53
REGISTRAR'S SIGNATURE Henry J Reus
24. FUNERAL DIRECTOR Edw C Tipton, ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 19 1953
BUREAU V. S.

5006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Francis Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eldorado, West Manchester
STREET ADDRESS (If rural, give location) Caney Town Road

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) LEMER (Last) WALTER

4. DATE OF DEATH (Month) (Day) (Year) May 14 1953

5. SEX Male
6. COLOR OR RACE Whole
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 3, 1865
9. AGE last birthday 88 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Peru, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME [illegible] Walter
14. MOTHER'S MAIDEN NAME Rebecca Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	8+ yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to May 19, 1953, that I last saw the deceased alive on Apr 15th 53, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Reese Wilkens M.D. ADDRESS Westminster Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 21 53
NAME OF CEMETERY OR CREMATORY Perry Cemetery
LOCATION (City, town, or county) Peru, Indiana (State)

DATE REC'D BY LOCAL REG. 5/19/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place): 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 40 Bond St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) ALBERT (Last) WERTZ

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 28 - 1873

9. AGE last birthday 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Station Ret.

10b. KIND OF BUSINESS OR INDUSTRY: W. Md. Ruy.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Albert Wertz

14. MOTHER'S MAIDEN NAME: Susanna Hoffacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs John Sellman 40 Bond, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial degeneration	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Pernicious anemia	12 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis 2+ yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 48, to May 25 19 53, that I last saw the deceased alive on May 25, 19 53 and that death occurred at ... P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Reese Wilkens M.D. ADDRESS Westminster Md. DATE SIGNED 5/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 29-1953

NAME OF CEMETERY OR CREMATORY Lazarus Sellman Cemetery

LOCATION (City, town, or county) Linboro (State) Md.

DATE RECD BY LOCAL REG. 5/27/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H B Bankard & Son

ADDRESS Westminster, Md.

RECEIVED
MAY 2
BU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04961

Reg. Dist. No. 81

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge — LENGTH OF STAY (in this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): AMBROSE-SAPPINGTON-WHITEHILL

4. DATE OF DEATH (Month) (Day) (Year): May 28 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 8/12/1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): investments - self employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James C. Whitehill
14. MOTHER'S MAIDEN NAME: Sarah Sappington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Elizabeth Whitehill, Union Bridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of head — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) (COUNTY) (STATE): Union Bridge Carroll Md

TIME OF INJURY (Month) (Day) (Year) (Hour): May 28 53 11-11 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot self in head

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE: James T. Marsh — (Degree or title): Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: May 28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/30/53 — NAME OF CEMETERY OR CREMATORY: St. Peters Cem. — LOCATION (City, town, or county): Liberty town (State) Md.

DATE REC'D BY LOCAL REG.: May 29, 1953 — REGISTRAR'S SIGNATURE: Leslie L. Rapp — 24. FUNERAL DIRECTOR: D. D. Hartzler & Sons — ADDRESS: Union Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 2 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04962

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminister R.R 6
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminister R.R 6
STREET ADDRESS (If rural, give location) Westminister R R 6

3. NAME OF DECEASED (Type or Print) (First) Ethyl (Middle) Marie (Last) Wicks

4. DATE OF DEATH (Month) May (Day) 31, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 8, 1898
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY Hutzler Dept. Store
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles O. Wicks
14. MOTHER'S MAIDEN NAME Margaret Hoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-12-6691
17. INFORMANT AND ADDRESS Franklin O. Wicks, 2107 Southland Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subachemoid Hemorrhage	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) coronary occlusion	
	(c) cardio vascular disease	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952, to May 31, 1953, that I last saw the deceased alive on May 28, 1953, and that death occurred at 2 p. m., from the causes and on the date stated above.

SIGNATURE D E W Hoom (Degree or title) M.D. ADDRESS 1202 St Paul St Balto DATE SIGNED Ind

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-4-53
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Fred A. Cole, 1913 W. Baltimore ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miller Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Rural
STREET ADDRESS (If rural, give location) Miller Md.

3. NAME OF DECEASED: (Type or Print) (First) Horton (Middle) (Last) Wildasin
4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 21 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Isiah Emory Wildasin
14. MOTHER'S MAIDEN NAME: Mary Shue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no.
17. INFORMANT & ADDRESS: Mrs Horton Wildasin.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442 X Immediate cause (a) Chronic Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (177X) (b) Hypertensive Cardio renal Vascular disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Primary Carcinoma Prostate — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 15, 1950, to May 10, 1953, that I last saw the deceased alive on May 9, 1953 and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (DEGREE OR TITLE) MD ADDRESS Hampstead Md DATE SIGNED 5/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 13/53
NAME OF CEMETERY OR CREMATORY Manchester
LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. May 12-53
REGISTRAR'S SIGNATURE Mrs. W. S. Denner
24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
MAY 22 1996
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04964

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural); LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; STREET ADDRESS (If rural, give location) Shiloh Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Warfield (Last) Wilhelm

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-6-1912

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Koppers Co. Baltimore Md.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edward Wilhelm

14. MOTHER'S MAIDEN NAME: Addie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-09-9009

17. INFORMANT AND ADDRESS: Mrs Georgia Krebs Wilhelm Hampstead Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset and Death: 9 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1953

19b. MAJOR FINDINGS OF OPERATION: Cancer of Pancreas

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5?, 19..., to May 29, 19 53, that I last saw the deceased alive on May 29, 19 53, and that death occurred at 12:15a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. C. Porterfield M.D. Hampstead, Md 5/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 1 1953

NAME OF CEMETERY OR CREMATORY: Shiloh

LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG. 5/30/53

REGISTRAR'S SIGNATURE: Henry A. Lewis

24. FUNERAL DIRECTOR: Edw C. Tipton

ADDRESS: Hampstead Md.

RECEIVED
JUN 2 1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 John St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 54 John

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (Last) ZEPP

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 3, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Worten Bish
14. MOTHER'S MAIDEN NAME: Liza Ann Wantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: George A. Zepp Westminster R.D.6 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4343

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	Sw days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Organic Heart disease	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old age

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐ No

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6, 1953, to 5-7-, 1953 that I last saw the deceased alive on 5-7-, 1953, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. C. Stone MD Westminster 5-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 9, 1953
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) (State) Westminster, Md.
DATE REC'D BY LOCAL REG. 5/8/53
REGISTRAR'S SIGNATURE L. Chrisman
24. FUNERAL DIRECTOR H Bankard Son Westminster ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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